
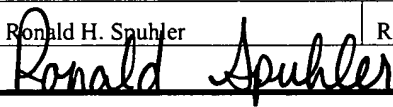
 TRANSMITTAL FORM		Application Number		09/687,499	
		Filing Date		October 13, 2000	
		First Named Inventor		Winslade, et al.	
		Art Unit		3622	
		Examiner Name		Young, John L.	
		Attorney Docket Number		0020	
Total Number of Pages in This Submission		15			
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Petition To Revive Under 37 CFR 1.137(b) <input checked="" type="checkbox"/> Response To Non-Final Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm		McAndrews Held & Malloy, Ltd.			
Signature					
Printed Name		Ronald H. Spuhler, Reg. No. 52,245			
Date		August 8, 2005			
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 08/08/2005					
Name (Print/type)		Ronald H. Spuhler		Registration No. (Attorney/Agent)	
Signature				Date	
				08/08/2005	

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known																																
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> PTO AUG 11 2005 RECEIVED </div> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 09/687,499																																
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TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney Docket No. 0020																																
METHOD OF PAYMENT (check all that apply)																																		
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																																		
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee																																		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																		
FEE CALCULATION																																		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																		
	FILING FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>300</td><td>150</td></tr> <tr><td>Design</td><td>200</td><td>100</td></tr> <tr><td>Plant</td><td>200</td><td>100</td></tr> <tr><td>Reissue</td><td>300</td><td>150</td></tr> <tr><td>Provisional</td><td>200</td><td>100</td></tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>500</td><td>250</td></tr> <tr><td>100</td><td>50</td></tr> <tr><td>300</td><td>150</td></tr> <tr><td>500</td><td>250</td></tr> <tr><td>0</td><td>0</td></tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	500	250	100	50	300	150	500	250	0	0
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200	100																																	
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2. EXCESS CLAIM FEES																																		
Fee Description		Fee (\$)	Small Entity Fee (\$)																															
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent		50	25																															
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100																															
Multiple dependent claims		360	180																															
Total Claims _____ -20 or HP _____ x _____ = _____	Extra Claims _____	Fee (\$) _____	Fee Paid (\$) _____																															
HP = highest number of total claims paid for, if greater than 20																																		
Indep. Claims _____ -3 or HP _____ x _____ = _____	Extra Claims _____	Fee (\$) _____	Fee Paid (\$) _____																															
HP = highest number of independent claims paid for, if greater than 3																																		
3. APPLICATION SIZE FEE																																		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																		
Total Sheets _____ -100 _____ /50 _____ (round up to a whole number) x _____ = _____	Extra Sheets _____	Number of each additional 50 or fraction thereof _____	Fee (\$) _____																															
			Fee Paid (\$) _____																															
4. OTHER FEE(S)																																		
Non-English Specification, \$130 fee (no small entity discount)			_____																															
Other: Petition To Revive Under 37 CFR 1.137(b)			750.00																															
SUBMITTED BY																																		
Signature _____	Ronald Spuhler	Registration No. (Attorney/Agent) 52,245	Telephone (312)775-8000																															
Name (print/type) Ronald H. Spuhler			Date 08/08/2005																															